

PART B - FEE(S) TRANSMITTAL



Complete and send this form, together with applicable fee(s), to: Mail

Mail Stop ISSUE FEE Commissioner for Patents P.O. Box 1450 Alexandria, Virginia 22313-1450

or Fax

(703) 746-4000

INSTRUCTIONS: This form should be used for transmitting the ISSUE FEE and PUBLICATION FEE (if required). Blocks 1 through 5 should be completed where

CORRECT CORREST ONDER	CE ADDRESS (Note: Use Block I fo	or any change of address)		Note: A certificate	of mailing can only be used	for domestic mailings of t
				Fee(s) Transmittal.	of mailing can only be used This certificate cannot be used onal paper, such as an assign cate of mailing or transmission	d for any other accompanyi
	590 03/14/2005			have its own certific	cate of mailing or transmission	i.
	CELLA HARPER &	z SCINTO		L haraby contify the	Certificate of Mailing or Tra	nsmission
30 ROCKEFELLE NEW YORK, NY		TPE		States Postal Service addressed to the N	t this Fee(s) Transmittal is be- te with sufficient postage for the Mail Stop ISSUE FEE address SPTO (703) 746-4000, on the	first class mail in an envelo ss above, or being facsim
	68 09698241	, <u>(§</u>	١	transmitted to the U	SPTO (703) 746-4000, on the	
::1501	1400.00 (DP	uu 1 3 2005	ليا			(Depositor's nam
:8001	15.00 pp J	UN 1 3 ZOOC 1	7			(Signator
APPLICATION NO.	FILING DATE	e - ABB	FIRST NAME	ED INVENTOR	ATTORNEY DOCKET NO.	CONFIRMATION NO.
09/698,241	10/30/2000	HADE	Yasud	o Suda	35.G2666	6331
TITLE OF INVENTION: F	OCUS DETECTING DEVI	CE		•		
	r	T		·		
APPLN. TYPE	SMALL ENTITY	ISSUE F		PUBLICATION FEE	TOTAL FEE(S) DUE	DATE DUE
nonprovisional	nonprovisional NO) ·	\$0	\$1400	06/14/2005
EXAMINER		ART UNIT		CLASS-SUBCLASS		
JERABEK, KELLY L		2612		348-345000		
1. Change of correspondence	e address or indication of "I	ee Address" (37	2. For prir	nting on the patent front page		
CFR 1.363).		`	(1) the na	imes of up to 3 registered pa	tent attorneys Fitzpa	
CFR 1.363). Change of correspond Address form PTO/SB/12	dence address (or Change of 22) attached.	*Correspondence	(1) the na or agents	imes of up to 3 registered pa OR, alternatively,	tent attorneys Fitzpa Harpe	trick, Cella, er & Scinto
CFR 1.363). Change of correspond Address form PTO/SB/12 "Fee Address" indicate		Correspondence	(1) the na or agents (2) the nar registered 2 registered	imes of up to 3 registered pa	tent attorneys IFitzpa Harpe a member a ames of up to	
CFR 1.363). Change of correspond Address form PTO/SB/12 "Fee Address" indicate PTO/SB/47; Rev 03-02 (dence address (or Change of 22) attached. tion (or "Fee Address" Indic or more recent) attached. Us	Correspondence	(1) the na or agents (2) the nar registered 2 registered listed, no	ames of up to 3 registered pa OR, alternatively, me of a single firm (having a attorney or agent) and the n- ed patent attorneys or agents. name will be printed.	tent attorneys IFitzpa Harpe a member a ames of up to	
CFR 1.363). Change of correspond Address form PTO/SB/12 "Fee Address" indicat PTO/SB/47; Rev 03-02 of Number is required. 3. ASSIGNEE NAME AND	dence address (or Change of 22) attached. tion (or "Fee Address" Indic or more recent) attached. Us PRESIDENCE DATA TO I	Correspondence sation form se of a Customer	(1) the na or agents (2) the nar registered 2 registere listed, no reference to the part of the part o	ames of up to 3 registered pa OR, alternatively, me of a single firm (having a attorney or agent) and the n ed patent attorneys or agents. name will be printed. T (print or type)	tent attorneys IFitzpa Harpe a member a ames of up to	er & Scinto
CFR 1.363). Change of correspond Address form PTO/SB/12 "Fee Address" indicat PTO/SB/47; Rev 03-02 of Number is required. 3. ASSIGNEE NAME AND	dence address (or Change of 22) attached. tion (or "Fee Address" Indicor more recent) attached. Us PRESIDENCE DATA TO Ferror an assignee is identified by 37 CFR 3.11. Completion	Correspondence sation form se of a Customer BE PRINTED ON Telow, no assignee of this form is NO	(1) the na or agents (2) the nai registered 2 registered listed, no of the PATENT data will app T a substitute	ames of up to 3 registered pa OR, alternatively, me of a single firm (having a attorney or agent) and the n ed patent attorneys or agents. name will be printed. T (print or type)	tent attorneys IFitzpa Harpe ames of up to If no name is genee is identified below, the	er & Scinto
CFR 1.363). Change of correspond Address form PTO/SB/12 "Fee Address" indicated PTO/SB/47; Rev 03-02 of Number is required. 3. ASSIGNEE NAME AND PLEASE NOTE: Unless recordation as set forth in (A) NAME OF ASSIGNI	dence address (or Change of 22) attached. tion (or "Fee Address" Indicor more recent) attached. Us PRESIDENCE DATA TO Ferror an assignee is identified by 37 CFR 3.11. Completion	Correspondence sation form se of a Customer BE PRINTED ON Telow, no assignee of this form is NO	(1) the na or agents (2) the naregistered 2 registered 15 red 15	ames of up to 3 registered pa OR, alternatively, me of a single firm (having a attorney or agent) and the n ed patent attorneys or agents. name will be printed. T (print or type) to patent. If an assist for filling an assignment.	tent attorneys IFitzpa Harpe ames of up to If no name is genee is identified below, the	er & Scinto
CFR 1.363). Change of correspond Address form PTO/SB/12 "Fee Address" indicat PTO/SB/47; Rev 03-02 of Number is required. 3. ASSIGNEE NAME AND PLEASE NOTE: Unless recordation as set forth in (A) NAME OF ASSIGNICATION (A) NAME OF ASSIGNICATION (A) CANON Kab	dence address (or Change of 22) attached. tion (or "Fee Address" Indicor more recent) attached. Us RESIDENCE DATA TO I an assignee is identified bin 37 CFR 3.11. Completion EE DUShiki Kaisha	Correspondence sation form se of a Customer BE PRINTED ON Telow, no assignee of this form is NO	(1) the na or agents (2) the nai registered 2 registere listed, no of the PATENT data will app T a substitute (2) RESIDENCE TOKY	ames of up to 3 registered pa OR, alternatively, me of a single firm (having a attorney or agent) and the ned patent attorneys or agents. name will be printed. T (print or type) Dear on the patent. If an assift for filling an assignment. CE: (CITY and STATE OR COTO, Japan	tent attorneys IFitzpa Harpe Harpe Harpe James of up to lift no name is James of up to lift no name is James of up to lift no name is James of up to lift no name is li	document has been filed to
CFR 1.363). Change of correspond Address form PTO/SB/12 "Fee Address" indicat PTO/SB/47; Rev 03-02 of Number is required. 3. ASSIGNEE NAME AND PLEASE NOTE: Unless recordation as set forth in (A) NAME OF ASSIGNICAL CANON Kab	dence address (or Change of 22) attached. tion (or "Fee Address" Indicor more recent) attached. Use PRESIDENCE DATA TO Fee an assignee is identified by 37 CFR 3.11. Completion EE Coushiki Kaisha	Correspondence sation form se of a Customer BE PRINTED ON Telow, no assignee of this form is NO (B	(1) the na or agents (2) the nai registered 2 registere listed, no of the PATENT data will app T a substitute (2) RESIDENCE TOKY	ames of up to 3 registered pa OR, alternatively, me of a single firm (having a attorney or agent) and the ned patent attorneys or agents. name will be printed. T (print or type) pear on the patent. If an assifor filing an assignment. CE: (CITY and STATE OR Coo, Japan	tent attorneys IFitzpa Harpe ames of up to If no name is genee is identified below, the	document has been filed f
CFR 1.363). Change of correspond Address form PTO/SB/12 "Fee Address" indicat PTO/SB/47; Rev 03-02 of Number is required. 3. ASSIGNEE NAME AND PLEASE NOTE: Unless recordation as set forth in (A) NAME OF ASSIGNICAL CANON Kab	dence address (or Change of 22) attached. tion (or "Fee Address" Indicor more recent) attached. Use PRESIDENCE DATA TO Fee an assignee is identified by 37 CFR 3.11. Completion EE Coushiki Kaisha	Correspondence sation form se of a Customer BE PRINTED ON Tallow, no assignce of this form is NO (But the correspondence) (But the correspondence)	(1) the na or agents (2) the nar registered 2 registered 12 registered issted, no of the PATENT data will app T a substitute (1) RESIDENC TOKY	ames of up to 3 registered pa OR, alternatively, me of a single firm (having a attorney or agent) and the ned patent attorneys or agents. name will be printed. T (print or type) pear on the patent. If an assifor filing an assignment. CE: (CITY and STATE OR Coo, Japan	tent attorneys IFitzpa Harpe ames of up to If no name is ignee is identified below, the OUNTRY) Corporation or other private g	document has been filed f
CFR 1.363). Change of correspond Address form PTO/SB/12 "Fee Address" indicat PTO/SB/47; Rev 03-02 of Number is required. 3. ASSIGNEE NAME AND PLEASE NOTE: Unless recordation as set forth in (A) NAME OF ASSIGNI Canon Kab Please check the appropriate 4a. The following fee(s) are XX Issue Fee Publication Fee (No street in the street	dence address (or Change of 22) attached. tion (or "Fee Address" Indicor more recent) attached. Use PRESIDENCE DATA TO Fee an assignee is identified by 37 CFR 3.11. Completion EE Cushiki Kaisha assignee category or category enclosed:	Correspondence sation form se of a Customer BE PRINTED ON The selow, no assignee of this form is NO (Business (will not be printed to be print	(1) the na or agents (2) the naregistered 2 registered 12 registered 13 registered 15	mes of up to 3 registered pa OR, alternatively, me of a single firm (having a attorney or agent) and the ned patent attorneys or agents. name will be printed. T (print or type) pear on the patent. If an assistor filling an assignment. CE: (CITY and STATE OR COO, Japan Datent): Individual Fee(s): in the amount of the fee(s) is by credit card. Form PTO-20	tent attorneys IFITZPA Harpe Lames of up to If no name is Ignee is identified below, the OUNTRY) Corporation or other private genelosed. 138 is attached.	document has been filed f
CFR 1.363). Change of correspond Address form PTO/SB/12 "Fee Address" indicat PTO/SB/47; Rev 03-02 of Number is required. 3. ASSIGNEE NAME AND PLEASE NOTE: Unless recordation as set forth in (A) NAME OF ASSIGNIC Canon Kab Please check the appropriate 4a. The following fee(s) are XX Issue Fee	dence address (or Change of 22) attached. tion (or "Fee Address" Indicor more recent) attached. Use PRESIDENCE DATA TO Fee an assignee is identified by 37 CFR 3.11. Completion EE Cushiki Kaisha assignee category or category enclosed:	Correspondence sation form se of a Customer BE PRINTED ON The selow, no assignee of this form is NO (Business (will not be printed to be print	(1) the na or agents (2) the naregistered 2 registered 12 registered 12 registered 13 registered 15	ames of up to 3 registered pa OR, alternatively, me of a single firm (having a attorney or agent) and the ned patent attorneys or agents. name will be printed. T (print or type) Dear on the patent. If an assist for filing an assignment. CE: (CITY and STATE OR Composition of the patent): Individual Dear of the fee(s): in the amount of the fee(s) is by credit card. Form PTO-20 cector is hereby authorized by	tent attorneys IFitzpa Harpe Lames of up to If no name is Ignee is identified below, the OUNTRY) Corporation or other private genelosed. Is attached. Is charge the required fee(s) of the private general statement of the private general statement.	document has been filed f
CFR 1.363). Change of correspond Address form PTO/SB/12 "Fee Address" indicat PTO/SB/47; Rev 03-02 of Number is required. 3. ASSIGNEE NAME AND PLEASE NOTE: Unless recordation as set forth in (A) NAME OF ASSIGNI Canon Kab Please check the appropriate 4a. The following fee(s) are XX Issue Fee Publication Fee (No signature). Advance Order - # of 5. Change in Entity Status	dence address (or Change of 22) attached. tion (or "Fee Address" Indic or more recent) attached. Use PRESIDENCE DATA TO Be an assignee is identified by 37 CFR 3.11. Completion EE DUShiki Kaisha assignee category or category or category category or categor	Correspondence sation form se of a Customer BE PRINTED ON The selow, no assignee of this form is NO (Business (will not be printed) ed)	(1) the na or agents (2) the naregistered 2 registered 12 registered 13 registered 15	mes of up to 3 registered particles of the particles of a single firm (having a lattorney or agent) and the ned patent attorneys or agents. name will be printed. The (print or type) opear on the patent. If an assist for filing an assignment. The (CITY and STATE OR Coro, Japan) The patent of the fee(s) is by credit card. Form PTO-20 cector is hereby authorized by ount Number06-1205	tent attorneys IFITZPA Harpe ames of up to If no name is ignee is identified below, the OUNTRY) Corporation or other private g enclosed. 338 is attached. charge the required fee(s), of	document has been filed a group entity Government overpayment, copy of this form).
CFR 1.363). Change of correspond Address form PTO/SB/12 "Fee Address" indicated PTO/SB/47; Rev 03-02 of Number is required. 3. ASSIGNEE NAME AND PLEASE NOTE: Unless recordation as set forth in (A) NAME OF ASSIGNICATION Canon Kabonication as the control of th	dence address (or Change of 22) attached. tion (or "Fee Address" Indicor more recent) attached. Use PRESIDENCE DATA TO Fee an assignee is identified by 37 CFR 3.11. Completion EE Pushiki Kaisha assignee category or category enclosed: mall entity discount permitt Copies 5 (from status indicated above MALL ENTITY status. See its requested to apply the lss ablication Fee (if required)	Correspondence ration form se of a Customer BE PRINTED ON The elow, no assignce of this form is NOTO (But the elow of this form is NOTO) (But the elow of th	(1) the na or agents (2) the nairegistered 2 registered 2 registered [1] the nairegistered 2 registered [1] the nairegistered 2 registered [1] the nairegistered [1] the nairegi	mes of up to 3 registered particles of the particles of a single firm (having a lattorney or agent) and the ned patent attorneys or agents. name will be printed. T (print or type) Dear on the patent. If an assignment. The patent of filing an assignment. The patent of the patent of the patent of the patent of the patent. The patent of the patent of the patent of the patent. The patent of the patent of the fee(s) is by credit card. Form PTO-20 the patent of the patent of the patent of the patent of the fee(s) is by credit card. Form PTO-20 the patent of the fee(s) is by credit card. Form PTO-20 the patent of the patent o	tent attorneys IFitzpa Harpe Lames of up to If no name is Ignee is identified below, the OUNTRY) Corporation or other private genelosed. Is attached. Is charge the required fee(s) of the private general statement of the private general statement.	document has been filed for credit any overpayment, copy of this form).
CFR 1.363). Change of correspond Address form PTO/SB/12 "Fee Address" indicat PTO/SB/47; Rev 03-02 of Number is required. 3. ASSIGNEE NAME AND PLEASE NOTE: Unless recordation as set forth in (A) NAME OF ASSIGNIC CANON Kab Please check the appropriate 4a. The following fee(s) are XX Issue Fee Publication Fee (No standard Advance Order - # of 5. Change in Entity Status 1. Applicant claims Status The Director of the USPTO NOTE: The Issue Fee and Property of the Company of the	dence address (or Change of 22) attached. tion (or "Fee Address" Indicor more recent) attached. Use PRESIDENCE DATA TO Fee an assignee is identified by 37 CFR 3.11. Completion EE Pushiki Kaisha assignee category or category enclosed: mall entity discount permitt Copies 5 (from status indicated above MALL ENTITY status. See its requested to apply the lss ablication Fee (if required)	Correspondence ration form se of a Customer BE PRINTED ON The elow, no assignce of this form is NOTO (But the elow of this form is NOTO) (But the elow of th	(1) the na or agents (2) the nairegistered 2 registered 2 registered [1] the nairegistered 2 registered [1] the nairegistered 2 registered [1] the nairegistered [1] the nairegi	ames of up to 3 registered particles of the control	tent attorneys IFITZPA Harpe Lames of up to If no name is If no name is no name is If no name is no name is If no name is	document has been filed for credit any overpayment, copy of this form).
CFR 1.363). Change of correspond Address form PTO/SB/12 "Fee Address" indicated PTO/SB/47; Rev 03-02 of Number is required. 3. ASSIGNEE NAME AND PLEASE NOTE: Unless recordation as set forth in (A) NAME OF ASSIGNICATION CANON Kalcon Kalco	dence address (or Change of 22) attached. tion (or "Fee Address" Indicor more recent) attached. Use PRESIDENCE DATA TO Fee an assignee is identified by 37 CFR 3.11. Completion EE Pushiki Kaisha assignee category or category enclosed: mall entity discount permitt Copies 5 (from status indicated above MALL ENTITY status. See its requested to apply the lss ablication Fee (if required)	Correspondence ration form se of a Customer BE PRINTED ON The selow, no assignce of this form is NO (Bushesses (will not be properties) and the selow of this form is NO (Bushesses (will not be properties) and the selow of this form is NO (Bushesses (will not be properties) and the selow of this form is NO (Bushesses (will not be properties) and the selow of this form is NO (Bushesses (will not be properties) and the selow of this form is NO (Bushesses (will not be properties) and the selow of this form is NO (Bushesses (will not be properties) and the selow of this form is NO (Bushesses (will not be properties) and the selow of this form is NO (Bushesses (will not be properties) and the selow of this form is NO (Bushesses (will not be properties) and the selow of this form is NO (Bushesses (will not be properties) and the selow of this form is NO (Bushesses (will not be properties) and the selow of this form is NO (Bushesses (will not be properties) and the selow of this form is NO (Bushesses (will not be properties) and the selow of this form is NO (Bushesses (will not be properties) and the selow of this form is NO (Bushesses (will not be properties) and the selow of this form is NO (Bushesses (will not be properties) and the selow of this form is NO (Bushesses (will not be properties) and the selow of this form is NO (Bushesses (will not be properties) and the selow of this form is NO (Bushesses (will not be properties) and the selow of this form is NO (Bushesses (will not be properties) and the selow of this form is NO (Bushesses (will not be properties) and the selow of this form is NO (Bushesses (will not be properties) and the selow of this form is NO (Bushesses (will not be properties) and the selow of this form is NO (Bushesses (will not be properties) and the selow of this form is NO (Bushesses (will not be properties) and the selow of this form is NO (Bushesses (will not be properties) and the selow of this form is NO (Bushesses (will not be prop	(1) the na or agents (2) the nairegistered 2 registered 2 registered [1] the nairegistered 2 registered [1] the nairegistered 2 registered [1] the nairegistered [1] the nairegi	ames of up to 3 registered particles of the control	tent attorneys IFILZPA Harpe Lames of up to If no name is If n	document has been filed to roup entity Government, copy of this form).

this form and/or suggestions for reducing this burden, should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, U.S. Department of Commerce, P.O. Box 1450, Alexandria, Virginia 22313-1450. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Commissioner for Patents, P.O. Box 1450, Alexandria, Virginia 22313-1450.

Under the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it displays a valid OMB control number.